



Certification of Leave of Absence

Colorado Public Employees' Retirement Association
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1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Member SSN

To ensure protection of the rights of the member pertaining to Colorado PERA benefits, this *Certified Leave of Absence* form should be filed within 90 days of the beginning date of the leave.

Certification Information

This is to certify that:

Member _____
Last First MI

is on certified (check one)

- Leave Without Pay
- Short-Term Disability Leave
- Leave Without Pay for Health Reasons
- Family and Medical Leave Act (FMLA)
- Military Leave
- Paid Sabbatical Leave*

* Full contract salary without sabbatical \$ _____

* Amount of above salary to be paid while on sabbatical \$ _____

for the period of _____ to _____
month/day/year month/day/year

Employer Certification

Employer Number _____ Employer* _____

*If the member is currently employed by the State or a choice-eligible community college, the employee is a member of (check one):

- PERA Defined Benefit Plan
- PERA Defined Contribution Plan

Print Name of Certifying Official _____

Sign Here → Signature of Certifying Official _____

Title _____

Email Address _____

Phone Number () _____ Date _____

